

CLAIMS ONLY						Application Number <div style="font-size: 1.2em; font-family: cursive;">10088959</div>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep	6						
Total Depend	18						
Total Claims	24						

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10088959

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